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PTO/SB/82 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

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Application Number 10/701,207

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/701,207			
Filing Date	04 November 2003			
First Named Inventor	Diaz, Luis A.			
Art Unit	3767			
Examiner Name	Gray, P. A.			
Attorney Docket Number	INST482CON2			

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  51017					
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with					
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature (14 PH)					
	man, President of Stryker Instruments				
Date /0/12	2/06	Telephone	269.323.7700		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of 1forms are submitted.					

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (12-05)

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RADEMARIA	STATEMENT UND	R 37 CFR 3.73(b)			
Applicant/Patent Owner: Stryker Instrume	ents				
Application No./Patent No./Control No.:	10/701.207	_ Filed/Issue Date: <u>04 Novem</u>	nber 2003		
Entitled: INTEGRATED MEDICATION DEL MEDICATION DELIVERY SYSTE ACTUATOR ALLOWING CONTIN	M COMPRISING A COMBI	NED MEDICATION RESERVOI	R, PUMP ASSEMBLY AND AN ASSEMBLY (Amended Title)		
		a Division of Stryker Corporati			
(Name of Assignee)	(	Type of Assignee: corporation, partners	ership, university, government agency, etc.)		
1.  the assignee of the entire right, titl	e, and interest; or				
2. an assignee of less than the entire (The extent (by percentage) of its	e right, title and interest ownership interest is	%)			
in the patent application/patent identified	l above by virtue of eithe	er:			
A. An assignment from the inventor(s in the United States Patent and Transitional assignment is attached.  OR	) of the patent application ademark Office at Reel	on/patent identified above. Th 014671 , Frame <u>0184</u>	e assignment was recorded, or a true copy of the		
B. A chain of title from the inventor(s	), of the patent application	on/patent identified above, to	the current assignee as follows:		
From:  The document was recorded Reel, Frame	To: ed in the United States F	atent and Trademark Office a or for which a copy thereof is	at s attached.		
2. From:	To:				
		atent and Trademark Office a , or for which a copy thereof			
3. From:	To:				
The document was recorde Reel	3. From:				
_	Additional documents in the chain of title are listed on a supplemental sheet.				
As required by 37 CFR 3.73(b)(1)(i), the assignee was, or concurrently is bein [NOTE: A separate copy (i.e., a true Division in accordance with 37 302.08]	g, submitted for record copy of the original ass	dation pursuant to 37 CFR ( ignment document(s)) must b	3.11. De submitted to Assignment		
The undersigned (whose title is supplied	below) is authorized to	act on behalf of the assignee			
- CADUA			10/12/06		
Sig	gnature		Date		
	R. Hartman		269.323.7700		
Printed or	Typed Name		Telephone Number		
	Stryker Instruments Title	<del></del>			

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